

MENTAL HEALTH UPDATE September 9, 2009

Pieces Of History In Vermont Mental Health

The "Pieces of History" series in the Mental Health Update describes key events and significant policy milestones in the evolving Mental Health Systems of Care, thus, connecting our past to the present.

1988 - Vermont's Act 264 clearly addressed the major concerns expressed by families, providers, advocates, and stakeholders through several strategies designed to create a coordinated interagency system of care. We looked at Strategy #1 in the July 15 article, the creation of an interagency definition of severe emotional disturbance. In the August 10 article we looked at Strategy #2: the creation of an interagency system of care.

Today we look at Strategy #3: the creation of a *Coordinated Service Plan* for eligible children. Many children have multiple needs and it is rare that these needs can all be met through one department's work. This is due in part because each state department has its unique history of different legal and funding requirements. It proved impossible to sufficiently modify existing legal requirements into one melded plan. Therefore, the Act created a *Coordinated Service Plan* (CSP) which is an addendum to such legal documents as an *Individualized Education Plan* (IEP), a mental health *Individual Plan of Care* (IPC), or a *Case Plan* for child welfare. Under Act 264, any eligible child is legally entitled to a *Coordinated Service Plan* although not necessarily to any of the services in it. All such entitlements to specific services would come from other laws (*e.g.*, special education law, child welfare law). Originally drafted as an entitlement to services similar to special education, that language was deleted from the bill before passage. Nevertheless, it was a major step forward as it required service providers from different departments and agencies to:

- meet with the family,
- consider the child and family as a whole,
- determine collective goals,
- decide on specific services and supports to achieve them, and
- figure out how to implement the plan together.

ADULT MENTAL HEALTH & FUTURES

The month of October will bring a statewide focus on mental health care and what can be done to improve the support and treatment available to Vermont's families. A unique collaboration including UVM College of Medicine, Vermont Law School, Vermont Public Television, the Vermont chapter of the National Alliance on Mental Illness, and the Vermont Nurses Association are working together. Planned activities are listed below.

October 2nd: Legislator Boot Camp on Mental Illness

Dr. Simpatico, Director of Public Psychiatry at UVM College of Medicine, in collaboration with Professor Oliver Goodenough at Vermont Law School will present a workshop covering the latest neuroscience, legal and social policy research on mental illness and consider how this evidence measures up against the Vermont mental health statutes. It will be an opportunity to take a step back for a day, look at the big picture of state policies, and consider where we should focus attention and resources to achieve the most cost-effective solutions with our limited budgets.

October 6th & 10th: MINDS ON THE EDGE: Facing Mental Illness on VPT

Dr. Simpatico is featured in a PBS program called *MINDS ON THE EDGE: Facing Mental Illness* that will premiere on Vermont Public Television on Tuesday, October 6. This is during Mental Illness Awareness Week, which is designated by Congress. This will drive media focus on mental illness and energize public interest in the issues. In conjunction with the premiere, VPT has joined as a media partner in a state-wide effort to stimulate a citizen conversation about improving mental health services. The goals are to provide information on the issues, promote civic engagement, and report on a statewide dialogue that will unfold next month. For example, VPT is devoting their October 29th edition of *Vermont Public Square* to the issue, as well as other reporting on their air and website.

Legislator/Citizen Meetings in 4-6 Vermont Cities During October

Spearheaded by the Vermont chapter of the National Alliance for Mental Illness, in partnership with other statewide associations including the Vermont Nurses Association, a series of Legislator/Citizen meetings are currently being planned throughout the state. The hope is that legislators prepared with valuable insight from the Legislator Boot Camp and citizens informed by the broadcast of *MINDS ON THE EDGE* and other media coverage will be able to come together for a civic dialogue to formulate state priorities to support the mental health needs of our families and our vets. Please consider taking part in a meeting already scheduled, or initiating one in your district for late October. For additional information, contact NAMI-VT at 802-244-1396 or visit them on the web at www.namivt.org

Speakers that will be coming to Vermont in the near future:

• From 10:30-11:45 on Friday, September 18th, Dr. Steve Lamberti (
http://www.urmc.rochester.edu/smd/psych/fac_staff/lamberti_steve.html)
will be presenting at the UVM Department of Psychiatry Grand Rounds (Public Psychiatry Track). Steve has done much work in the area of prevention of arrest and incarceration among adults with severe mental disorders. He will be speaking on a topic in which he is considered a national leader: FACT teams (Forensic)

Assertive Community Treatment Teamshttp://psychservices.psychiatryonline.org/cgi/content/full/55/11/1285

• From 10:30-11:45 on Friday, November 20th, Judge Steven Leifman (
http://pn.psychiatryonline.org/cgi/content/full/37/9/8) will likewise present at the UVM Department of Psychiatry Grand Rounds (Public Psychiatry Track). Judge Leifman was one of the panelists on the upcoming Fred Friendly seminar MINDS ON THE EDGE. He serves as the Associate Administrative Judge of the Miami-Dade County Court, Criminal Division and has received numerous awards and honors for his work in the mental health field. Judge Leifman chairs the Florida Supreme Court Mental Health Subcommittee and the Mental Health Committee for the Eleventh Judicial Circuit of Florida. He also created the Eleventh Circuit Criminal Mental Health Project; a successful program that diverts non-violent misdemeanor defendants with mental illnesses to appropriate mental health facilities and provides training for local law enforcement agencies.

HUD Homeless Prevention & Rapid Re-Housing

DMH staff participated in scoring the statewide applications for Housing & Urban Development's (HUD) Homeless Prevention & Rapid Re-housing (HPRP) funding. HPRP funds will become available to communities later this month. This stimulus funding of 3.2 million dollars will be used by Vermont communities over the next twenty four months. For additional information on the types of Homeless Prevention & Rapid Re-housing activities in your community check with your local grantees.

Bennington Coalition of the Homeless Kendy Skidmore

sixbankst@adelphi.net

Springfield Supportive Housing Program Richard Mc Inerney

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Brattleboro Area Drop In Center Melinda Bussino

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CVOEO Tim Searles

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CVCAC Carol Flint@cvcac.org

HOPE Jeanne Montross

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Rutland Housing Coalition Deborah Hall

dhall@sover.net

NEKCA Paul Denton

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Review Committee for Hospital Proposals Meets

A review committee including legislators, advocates, and mental health service providers met Tuesday to begin deliberations about the five proposals DMH received in response to the request for proposals or bids to for psychiatric acute care services to replace the Vermont State Hospital. Four hospitals offered conceptual proposals, and one (Rutland Regional Medical Center) offered a more detailed bid. Each committee member identified follow-up questions for the proposers and responses to the questions are requested by September 18th. The committee is tasked to develop recommendations to the Commissioner for the development of a master plan to replace VSH as required in the 2010 Capital bill. The proposals are posted at http://mentalhealth.vermont.gov/futures/proposals

Employment Programs Host Visit from Japanese Researchers and Social Workers

Four of Vermont's Community Mental Health Centers hosted a visit from two social workers and two researchers visiting from Kyoto, Japan. The purpose of their visit was to learn more about evidence-based supported employment services and how these services work in real-life settings. The visitors spent the week of August 31 – September 4, 2009 at Washington County Mental Health, Howard Center, Clara Martin Center, and Lamoille County Mental Health observing how employment counselors are integrated in the case management teams, attending employment team meetings, meeting and listening to consumer stories about employment and recovery, meeting with case managers, and talking with agency and state leadership. The visitors also observed two employment counselors style of job development in the community and met with an employer.

Dr. Eri Kuno, Ms. Noriko Sekiya, Mr. Katsyuki Ikeda, and Mr. Hashimoto Fumihito began their week-long learning experience by meeting with Commissioner Michael Hartman, Deputy Commissioner Beth Tanzman, and Adult Mental Health Director Trish Singer to learn about funding, the role of leadership, and quality improvement. Throughout the week the Japanese visitors learned how critical it is to work closely with one's professional colleagues to identify a champion for supported employment and develop a culture that supports employment, to provide client-centered services in community settings, to collaborate with family members, and to develop strong relationships with community employers. Dr. Eri Kuno mentioned being inspired by one peer employment specialist's work and having a better understanding of the powerful influence work has on one's recovery. The visit ended with many handshakes of mutual gratitude between Vermont's mental health community and the Japanese visitors. The visit illuminated the international attention that supported employment has gained over the years and the level of success that Vermont has attained.

Bed Board Work Group Kicks off its First Meeting

The Bed Board work group, working under the aegis of the Futures Care Management Initiative, convened its first meeting on September 3rd, 2009 in Burlington. The group membership is comprised of representatives from Designated Hospitals, Designated Agency Emergency Services Directors, staff from the Department of Mental Health and AHS Information Technology.

The group is basing its work on recommendations contained within the "Report on Clinical Services Design" put forth in May 2009 by the consultants from The Center for Health Policy, Planning and Research as part of the DMH Futures Project.

The initial meeting generated a dialogue between the group members about clinical and technological specifications and requirements for a web based resource locating application. The goal of the development of such an application is to create real-time access to information on bed availability statewide. The group's input will be incorporated in a draft workgroup charge statement. This will be brought to the Care Management Steering Committee meeting scheduled for September 14th in Burlington. The Bed Board work group when then meet again on September 23rd in Burlington.

SRR Architecture Planning

Architects Frank Pitts and Anthony Garner of Architecture Plus, presented stakeholders with three models to illustrate options for positioning living rooms, work activity space, and staff offices. The group reached consensus on key issues. In all models, the centrally located dining/great room is surrounded on three sides by the living rooms of the residence clusters. Residents also have quiet rooms and bedrooms for privacy. On the question of balancing living room privacy with closer staff observation, the group reasoned that from a therapeutic perspective the dining/living room relationships would provide residents with the most choice. Another decision point concerned whether the work activity area should be separated or attached. A more practical option envisions this part of the SRR as a pavilion with its own entrance yet integrated and accessible on the opposite end of the building from the residential area. The third key decision was to site the building in close proximity to the residential area adjacent to the Waterbury state complex where there is a beautiful view and a greater residential feel. Overall square footage has been reduced by combining rooms for flexible uses. Exterior building materials will be considered with an eye toward making the building as residential in character as building codes allow. The next meeting with the architects is September 21st from 10:00 to 1:00 in the Skylight conference room in Waterbury.

CHILDREN'S MENTAL HEALTH

Youth in Transition Grant

The State Youth in Transition (YIT) Operations Team recently drafted the vision and mission statements below; they will be supplemented with values statements in the future. The vision and mission are the basis for statewide strategic planning and for social marketing messages, which will be developed collaboratively with other DMH initiatives.

VISION

Young adults in Vermont are empowered, healthy, appreciated, and engaged in their communities.

MISSION

Young adults, families, adult allies, and community partners will collaborate to develop a system of care to support transition to adulthood. The system will build upon the strengths of young adults to create an array of specialized mental health

services to meet their unique and changing needs. The system will also foster young adult leadership.

Please share any feedback about this draft vision and mission with Charlie Biss, Director of the Child, Adolescent, and Family Unit (CAFU) at the Department of Mental Health. You can contact him at 802-652-2009 or charlie.biss@ahs.state.vt.us.

VERMONT INTEGRATED SERVICES INITIATIVE (VISI)

Dialectical Behavior Therapy (DBT) for Substance Use Disorders

The Vermont Integrated Services Initiative, in collaboration with Washington County Mental Health, will be sponsoring a two-day conference entitled: "DBT-S: Treating Clients with Borderline Personality Disorder and Substance Use Disorders" on November 2 – 3, 2009. This two-day training will be a highly practical, applied workshop that provides participants with a thorough working knowledge of the modifications to be made when applying DBT to clients diagnosed with Borderline Personality Disorder (BPD) and substance use disorders (SUD). It is intended primarily for clinicians who are already familiar with standard DBT. DBT-SUD differs from standard DBT for clients with Borderline Personality Disorder in the way that substance use is targeted, some of the behavioral skills that are taught in Skills Training Group, how clients are attached to therapy in the beginning of treatment and how therapists are supported when clients are in danger of dropping out of therapy. To facilitate transfer of knowledge to clinical practice, concepts and strategies will be modeled by instructors and in-workshop practice will be encouraged. For more information, go to:

http://mentalhealth.vermont.gov/sites/dmh/files/training/DMH-DBT_Training_Nov_2009.pdf

NIATx Trainings

The first of three NIATx Change Team Leader Trainings was held on August 28th in Burlington. The NIATx tools and strategies help programs transform their organizational cultures through process improvement. These strategies have proven to be extremely effective at improving access to and retention in treatment. These day-long trainings are an opportunity to increase practical knowledge of these tools. Particular emphasis is placed on applying them to move VISI change plans forward. The other two trainings will be held on September 18th at the Morey Lounge, Vermont Technical College in Randolph and on October 8th at the Howard Dean Educational Center, Springfield. If you're interested in either of these free trainings, please contact Patty Breneman at (802) 652-2033 or pbrenem@vdh.state.vt.us.

VISI Peer Conference

The "Walk a Mile in My Shoes" VISI Peer Conference will be held on September 25th at the Snowshed Lodge, Killington Grand Hotel, in Killington. The featured keynotes are Moe Armstrong and Phil Valentine with workshops including Art in Recovery, Telephone-base Peer Support and Recovery Coaching, and Medications and Recovery. To learn more about this free conference, please view the flyer or contact Patty Breneman at (802) 652-2033 or pbrenem@vdh.state.vt.us.

VERMONT STATE HOSPTIAL

Children's Inpatient Staff Attend SAMSHA Training

Three Children's Inpatient staff members of the Brattleboro Retreat, Seclusion and Restraint Reduction Grant's Brattleboro Retreat Sensory Modulation Coordinator Darrel Williams, and Michael Sabourin, the Patient Representative at VSH, were invited by SAMHSA to attend the September 2nd & 3rd National Executive Training Institute's "Preventing Violence, Trauma and the Use of Seclusion and Restraint in Mental Health Settings" in Mt. Laurel, New Jersey. This training was the identical curriculum presented to several Vermont attendees in Burlington last October. The Seclusion and Restraint Reduction grant continues to work towards the development of National Association of State Mental Health Program Director's (NASMHPD) Six Core Strategy interventions at both VSH and the Brattleboro Retreat that will reduce the need for emergency involuntary procedures during an individual's admission. We are thankful to SAMHSA for the opportunity and financial support to have more talented members of our grant activities participate in this useful training and look forward to the benefits that this knowledge will provide in the hands of these dedicated attendees. If you have any questions about the S/R Reduction Grant, feel free to contact Ed Riddell at 241-2303 or eriddell@vdh.state.vt.us.

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 47 as of midnight Monday. The average census for the past 45 days was 49.8